



DATE OF REVIEW: 08/16/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Epidural steroid injection.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, and Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I have reviewed multiple medical records relative to this file. I reviewed an MRI scan report that shows “congenital spinal stenosis in the lower lumbar spine, disc herniations at L4/L5 and L5/S1 as described above.” This was signed by Dr. and was dated 08/15/08.
2. I reviewed an EMG study report dated 08/15/08 by Dr. . The impression was “normal study of the left lower extremity, no electrodiagnostic evidence to suggest acute lumbar radiculopathy, lumbosacral plexopathy, or peripheral neuropathy. Note: If irritation is proximal to the dorsal root ganglion affecting the dorsal root only, EMG/NCV studies would be normal.”
3. I reviewed a report dated 05/06/08 from Dr. who diagnosed “left lumbosacral radiculopathy, lumbar disc protrusion at L4/L5 and L5/S1, and low back pain syndrome.” At that time he was complaining of low back and left leg pain and numbness following a lifting event at work on xx/xx/xx. He is xx years old.
4. I reviewed a 05/09/08 procedure note, which was a “percutaneous intralaminar lumbar epidural steroid injection at L5/S1.” This was from Dr.
5. I reviewed a 05/29/08 note from the same doctor whose diagnosis was “left lumbosacral radiculopathy, lumbar disc herniation at L4/L5 and L5/S1, low back pain

syndrome.” He recommended a repeat lumbar epidural steroid injection. There is noted 20% to 30% improvement from the first epidural steroid injection.

6. I reviewed a note dated 06/17/08 from Dr. . He was diagnosed with herniated lumbar disc at that time, and it was recommended he have a second lumbar epidural steroid injection.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a xx-year-old male who presents with a history of injuring his low back while lifting some luggage at work on xx/xx/xx. He went on to have an abnormal MRI scan and a normal EMG study. He had a lumbar epidural steroid injection with 20% to 30% improvement.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

A second lumbar epidural steroid injection is not supported. ODG Guidelines recommend 50% to 70% improvement with a clearly defined radiculopathy. EMG study was negative for radiculopathy, and the relief was on 20% to 30%. Thus, the criteria to repeat the epidural steroid injection is not met. It should be noted that the last examination on 06/21/08 showed no radicular symptoms below the buttock while straight leg raising, and he was neurologically intact.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers’ Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)